

MONTANA BOARD OF FUNERAL SERVICE

P. O. BOX 200513

HELENA, MT 59620-0513

(406) 841-2393

(406) 841-2305 FAX

E-MAIL dlibsdfnr@state.mt.us

WEBSITE: <http://www.discoveringmontana.com/dli/bsd>

The Montana Board of Funeral Service is prohibited by Section 2-6-109, MCA from distributing lists of licensees or examination candidates without securing the permission of those on the list. Anyone using a list supplied by the Board for solicitation purposes is guilty of a misdemeanor.

The above referenced section does not prevent an individual from compiling a mailing list by examination of original documents or applications which are otherwise open to public inspection.

Should you desire a list, please complete the enclosed "Notice and Acknowledgment" and return it to this office. The cost per list is \$20.00. Make your check, or money order, payable to the Board of Funeral Service. **DO NOT SEND CASH.**

NOTICE AND ACKNOWLEDGMENT

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Lists furnished by the Department of Labor and Industry, Business Standards Division are for public information purposes only. Lists are not intended for use by private parties as mailing lists. Use as a mailing list, without the permission of each individual on the list, is a violation of Section 2-6-109, Montana Code Annotated, is a misdemeanor, and may be punished by a term of imprisonment not to exceed 6 months in the county jail or a fine not to exceed \$500.00, or both.

Receipt of the above notice is hereby acknowledged this ____ day of _____, _____.

Signature: _____

Name: _____

Mailing Address _____

Telephone No.: () _____ E-MAIL _____

COSTS:\$20 Please send a check or money order with your request for a List, Label or diskette.

Please mark the appropriate boxes below to indicate the information you wish to receive in the list and the format.

1. ____ Labels
____ List on Plain White Paper
____ 3.5 Diskette
____ e-mail

2. ____ Zip Code or ____ Alphabetical

3. ____ In-state licensees only ____ In-state and out-of-state

4. ____ Active or ____ Inactive or ____ Both

COMMENTS: _____
